

CASE NO.

COURT DATE

DOCKET NO.

DATE ASSIGNED

**APPLICATION FOR PRE-TRIAL DUI DIVERSION PROGRAM**

**ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.**

1. FULL NAME:

PHONE:

ADDRESS:

(Street)

(City)

(State)

(Zip)

2. AGE:

3. BIRTH DATE:

4. SEX:

5. RACE:

6. PLACE OF BIRTH:

7. SOCIAL SEC. #:

8. DRIVER'S LIC #

STATE:

9. MARITAL STATUS:

SPOUSE'S NAME:

SPOUSE'S AGE:

SPOUSE'S EMPLOYMENT:

10. NUMBER OF DEPENDENTS:

NAME

AGE

NAME

AGE

11. EDUCATION:

SCHOOL

LOCATION

GRADE/DEGREE

12. VOCATIONAL TRAINING:

YES

NO TYPE:

13. MILITARY SERVICE:

YES

NO BRANCH:

TYPE OF DISCHARGE:

DISCHARGE DATE:  
(FROM ACTIVE DUTY)

14. NEAREST CONTACT:

NAME:

TELEPHONE:

ADDRESS:

RELATION:

15. DEFENSE ATTORNEY:

TELEPHONE:

ADDRESS:

16. PRESENT EMPLOYMENT:

NAME:

TELEPHONE:

ADDRESS:

DATE EMPLOYED:

OCCUPATION:

SALARY:

17. EMPLOYMENT HISTORY: (Begin with Last Previous Employer)\*

NAME:

TELEPHONE:

ADDRESS:

DATES EMPLOYED:

OCCUPATION:

REASON LEFT:

NAME:

TELEPHONE:

ADDRESS:

DATES EMPLOYED:

OCCUPATION:

REASON LEFT:

NAME:

TELEPHONE:

ADDRESS:

DATES EMPLOYED:

OCCUPATION:

REASON LEFT:

\*List past 2 years employment. If you need additional space, use blank paper.

18. PRIOR OFFENSE RECORD:                      NONE                      JUVENILE                      ADULT  
CRIMINAL OFFENSE CONVICTIONS AND/OR DIVERSIONS:

TRAFFIC OFFENSE CONVICTIONS:

19. DATE OF ARREST FOR PRESENT DUI CHARGE:

CASE NUMBER:

COURT DATE:

BAC:

20. Have you ever participated in a DUI or DWI diversion program?  
participation:

If yes, please state where and date of

21. Are you now, or have you ever, participated in any other diversion program?  
where and the effective date of program.

If yes, please state

22. Do you have other DUI or DWI pending in any other city, county or state?  
where.

If yes, please state

23. Have you ever participated in an alcohol and/or drug treatment or counseling?  
and reason for attendance.

If yes, state when, where,

24. State in your own words why you were arrested for DUI.

27. STATE THE NAME OF YOUR VEHICLE INSURANCE COMPANY, YOUR AGENT'S NAME, AGENT'S  
TELEPHONE NUMBER AND THE INSURANCE POLICY NUMBER:

INSURANCE COMPANY:

POLICY NO:

AGENT'S NAME:

TELEPHONE NO:

I hereby apply for status as a participant in the diversion program and request that the City Attorney temporarily delay trial against me. I understand that the final decision to commence criminal proceedings or to defer prosecution in my case rests entirely with the City Attorney. I further understand that by applying for the City's diversion program, that I agree to waive my statutory and constitutional rights to have a speedy trial in this matter.

I authorize the program coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the program coordinator in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case, the City Attorney will resume prosecution of the original charges.

DATE

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APPLICANT